



Annual Renewal of Certification for DBE Programs

The is to certify that as an owner, I have full knowledge of the operation of my firm and that to the best of my knowledge and belief, the information previously submitted to the North Carolina Department of Transportation to support my firm's certification as a Disadvantaged Business Enterprise, Minority Business and/or Women Business, as the case may be, is unchanged. The gross income for my firm for the past fiscal year is as shown below. I also affirm that my Personal Net Worth does not exceed the threshold of \$750,000.00 as required by the Regulation for Economically Disadvantaged individuals.

Firm's Gross Income: _____

(Name of Firm)

(E-mail Address)

(Mailing Address)

(Fax Number)

(Signature)

(City, State, Zip Code)

(Telephone Number)

State of: _____

County of: _____

On the ____ day of _____, 20____, personally appeared before me _____, for the above noted firm who signed the foregoing affidavit in my presence and made oath to the truth of the statement therein contained.

(Notary Signature)

My commission expires _____

SEAL